



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

COPY

C.L. BUTCH OTTER, GOVERNOR  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

December 11, 2008

Jeffrey Martin  
Gritman Medical Center  
700 South Main Street  
Moscow, ID 83843

RE: Gritman Medical Center, provider #131327

Dear Mr. Martin:

This is to advise you of the findings of the Medicare Validation survey, which was concluded at your facility, Gritman Medical Center, on November 20, 2008.

Enclosed are a Statement of Deficiencies/Plan of Correction, Form CMS-2567 and a State Licensure Statement of Deficiencies/Plan of Correction which state that no deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely,

GARY GUILLES  
Health Facility Surveyor  
Non-Long Term Care

SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

GG/mlw  
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRITMAN MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 SOUTH MAIN STREET MOSCOW, ID 83843</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
B 000	<p>16.03.14 Initial Comments</p> <p>No deficiencies were cited during the Idaho state licensure survey of your hospital. Gritman Medical Center was in compliance with IDAPA 16.03.04, Minimum Standards for Hospitals in Idaho. The surveyors conducting the on-site visit were:</p> <p>Gary Guiles, RN, HFS, Team Leader</p> <p>Teresa Hamblin, RN, HFS</p>	B 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/25/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRITMAN MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 SOUTH MAIN STREET MOSCOW, ID 83843</b>		
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C 000	<p><b>INITIAL COMMENTS</b></p> <p>No deficiencies were cited during the recertification survey of your critical access hospital. Gritman Medical Center was in compliance with 42 CFR part 485, Conditions of Participation: Critical Access Hospitals. The surveyors conducting the on-site visit were:</p> <p>Gary Guiles, RN, HFS, Team Leader</p> <p>Teresa Hamblin, RN, HFS</p>	C 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



C. L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBRA RANSOM, R.N., R.H.M.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

December 16, 2008

Jeffrey Martin  
Gritman Medical Center  
700 South Main Street  
Moscow, ID 83843

Provider #131327

Dear Mr. Martin:

On **November 20, 2008**, a complaint survey was conducted at Gritman Medical Center. The complaint allegations, findings, and conclusions are as follows:

## **Complaint #ID00003881**

**Allegation:** A patient was misdiagnosed in the Emergency department. The hospital is trying to collect for the services.

**Findings:** An unannounced visit was made to the hospital on 11/17/08-11/20/08. A complete Medicare recertification survey and state licensure survey were conducted in conjunction with the complaint investigation. Fifteen clinical records of emergency department (ED) patients were reviewed. Quality improvement documents were reviewed. Nursing and physician staff were interviewed.

All of the ED records documented appropriate examinations and testing for emergency patients. Patients were provided treatment commensurate with their diagnoses. One medical record documented a 48 year old female who presented to the ED on 9/21/08 at 10:07 PM. She complained of abdominal pain. She was seen by a physician who ordered x-rays, laboratory tests, and an ultrasound. These were completed. The cause of the pain was not determined. The patient did have a high white blood count of 16,300. This result was not mentioned in the physician's progress note. The patient was discharged in stable condition with a prescription for pain medication and instructions to return if the symptoms worsened.

The credentials file of the physician who treated this patient was reviewed. The physician was appropriately qualified and had been granted privileges in accordance with hospital bylaws. The physician reviewed the medical record and was interviewed on 11/19/08 at 9:00 AM. The physician stated she did not remember the patient. She stated a dipstick urine test was normally done in the ED for patients with abdominal pain. This test was not documented. The physician stated she did not know why it was not documented. Even though there were questions regarding this patient's care, the patient received extensive testing and was examined by a physician. There was insufficient documentation and other evidence to make further determinations regarding the patient's care. The correctness of diagnoses and the course of treatment prescribed by physicians are medical practice issues and are not governed by state or federal hospital regulations. No substandard practices were identified. No deficiencies were cited.

In a separate issue, a complaint regarding billing issues was also made against the hospital. Billing issues are not covered by regulations. This was not investigated.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,



GARY GUILLES  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

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